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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|------------------------|-----------------------|------------------------|
| 10/693,336         | 04/19/2004             | Joseph Chisari        |                        |

24124  
 BOHAN, MATHERS & ASSOCIATES, LLC  
 PO BOX 17707  
 PORTLAND, ME 04112-8707

CONFIRMATION NO. 3453

\*OC000000016173438\*


\*OC000000016173438\*

Date Mailed: 06/02/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/19/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

  
 ELEANOR M KEY  
 3600 (571) 272-6604

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Community Chiropractiz Ent. Inc.  
 107 Main St.  
 Fryeburg, ME 04037

CONFIRMATION NO. 3453

\*OC000000016173432\*

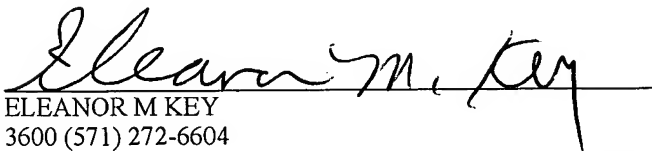
\*OC000000016173432\*

Date Mailed: 06/02/2005

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/19/2005.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

  
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